

# Troemner Request for Quote/Order Form Cover Page

**\*\*Please include this page with weight or calibration service order forms\*\***

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

**Order** or  **Request for Quote** (Check One)

**Ship to:** Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bill to:**  Same as Ship To Address  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certificate Made Out To:**  Same as Ship To Address  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Method of Payment:** (For orders only)  Credit Card  C.O.D.  Wire Transfer

**Credit Card Information:** Card Type (Check one)  Visa  Mastercard  American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization Name on the Card: \_\_\_\_\_

**Purchase Order Number:** \_\_\_\_\_ (Please include a hard copy of the P.O. with the order reflecting dollar amount)

**Shipping Instructions** (If not specified Troemner will ship order UPS Ground Prepay & Add)

**UPS**  (Overnight)  (2nd Day)  (Ground) Bill Senders Account #: \_\_\_\_\_

**FedEx**  (Standard)  (Priority)  (2nd Day) Bill Senders Account #: \_\_\_\_\_

**DHL**  (Standard)  (Priority)  (2nd Day) Bill Senders Account #: \_\_\_\_\_

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Please send me Troemner's Precision Weights and Calibration Services desk reference.

Please use  Ship to or  Bill to address

# Weight Recalibration Service Request for Quote/Order Form

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

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**\*\*Please complete the Troemner Request for Quote/Order Form Cover Page to fax with this form\*\***

Order or  Request for Quote (Check One)

Please provide the following information:

Range of Weights	Material	Replace Missing Wgts (Y/N)	# of Weights	S/N / ID #	Tolerance Class	Replace Case (Y/N)	Prior Certificate #
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do any cases or inserts need to be replaced?

Range	Weight Manufacturer	S/N / ID #	Replace Case (Y/N)	Replace Insert (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Recalibration Interval \_\_\_\_\_

**Documentation Required:**

- NVLAP Calibration Certificate (ISO 17025 Accredited) (NVLAP Lab Code 105013-0)
- UKAS Calibration Certificate (ISO 17025 Accredited) (A UKAS Accredited Calibration Laboratory No. 0516)
- Traceable Certificate (non-accredited)
- NVLAP Density Determination (NVLAP Lab Code 105013-0)
- NVLAP Magnetic Susceptibility (NVLAP Lab Code 105013-0)
- NIST MMAP Report of Mass Values

Weight Calibration includes cleaning and adjustment. Troemner's Zero Tolerance Policy will be followed if your calibration weight is found to be out of tolerance and the weight will be replaced for FREE!  
*Restrictions may apply. Classes E1, E2, and Class 0 weights are not included.*  
**Troemner reserves the right to make the final decision on signs of excessive wear or damage that would exclude weights from this free replacement program. Contact Troemner with any questions on these restrictions.**

3-011-BF (09/10)

**\*\*NOTE:** Troemner will now be sending certificates electronically along with a hard copy certificate. Please be sure to include your email address on the cover page to have the certificates sent electronically to you.



# Statement of Decontamination Form

ORDER FORM

STATEMENT OF DECONTAMINATION

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

End User: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Weight / Device** (please circle one):

Weight(s)	Flow Meter(s)	Temperature Device(s)	Humidity Device(s)	Pressure Device(s)
Electrical Device(s)		Time and Frequency Device(s)		Dimensional Devices(s)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

List any exposure to hazardous fluids, gasses or substances - please attach copies of any MSDS sheets where appropriate:

\_\_\_\_\_  
\_\_\_\_\_

**Method of Sterilization:**  ETO  Biocides  Manual Disassembly and Cleaning  
 Purge (Flow Meters)  None Required  
 Irradiation  Other: \_\_\_\_\_

***I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.***

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

3-112-BF (09/10)

**To minimize delays - Please include a copy of this form along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form. Orders will not be processed without all completed paperwork and payment method. Be sure to include a hard copy of your P.O. with your order reflecting the dollar amount.**

